LIVE-IN AIDE REQUEST FORM

Applicant/Tenant's Name:		
Applicant/Tenant's Address:		
Current Phone #:		
Applicant/Tenant's Signature:	Date:	

Definition of Live-in Aide:

A live-in aide is defined as a person who resides with an elderly or disabled person and who:

- 1. Is determined to be essential to the care and well-being of the person.
- 2. Is not obligated for the support of the person.
- 3. The live-in aide may <u>not have ever been a part of the assisted family household</u> or would not be living in the unit except to provide necessary supportive service.

I, ______, (Applicant/Tenant's Name) am providing the necessary information and documentation for consideration of my approval to be added to the household as a live-in aide. I have attached a copy of the following required documents to this request: Birth Certificate, Social Security card, and or a valid NC State Issues Driver's license, and Declaration Citizenship 214 Form. Note: if your Live-In Aide is approved, this office will need an updated copy of your lease showing the Live-In Aide being added to the household. (Request your Declaration Citizenship Form from the front desk.)

Name of Live-in Aide:		
Relationship to Applicant/Tenant:	_ # of Minor Children to the live-in aide:	
Current Address of Live-in Aide:		
Social Security Number of Live-in Aide:	_	
Date of Birth of Live-in Aide:		
Current Phone Number of Live-in Aide:		
I realize that no individual can be added to the household him/her. I also acknowledge that verification will not be attached. I hereby give Raleigh Housing Authority permi- materials needed to complete and verification of eligibility check will also be performed. If the individual has engage listed below, they will not be allowed to move into your unity within the last 7 years	gin if the required documentation is not ission to request and obtain any information or ty as a live-in aide. A criminal background ed in any criminal activity within the time period	
Signature of Live-In Aide	Date	
(For Raleigh Housing Authority Use Only)		
APPROVED: Effective Date:		

DISAPPROVED: Reason for denial: _____

Housing Official Signature: ____

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_ Date: ___